

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sharon</i>	68903	03/27/00
O.I.P.E. CLASSIFIER		4x	3/30/00
FORMALITY REVIEW	<i>JSZ</i>	88578	5/31/2000
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1			6/14/01
2			6/15/01
3			6/15/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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